

ITD-2700 03/99 APPLICATION AND PERMIT FOR TOURIST ORIENTED
DIRECTIONAL SIGNS (TODS) ALONG PRIMARY AND SECONDARY HIGHWAYS



IDAHO TRANSPORTATION DEPARTMENT

P.O. BOX _____

_____, ID _____

FOR DEPARTMENT USE ONLY

APPLICATION NO.: _____ -- _____ -- _____ DATE APPLICATION REC'D: _____ / _____ / _____
AMOUNT REC'D: \$ _____ RECEIPT/CHECK NO.: _____
ROUTE NO.: _____ SEGMENT CODE: _____ MILEPOST OF ACCESS ROAD: _____
NAME OF ACCESS ROAD: _____ TRAILBLAZERS REQUIRED: ____ YES ____ NO
TRAILBLAZERS INSTALLED AND MAINTAINED BY: _____

APPLICANT – PLEASE PRINT LEGIBLY OR TYPE

BUSINESS/ATTRACTION NAME: _____
BUS. PHONE: () _____ -- _____ FAX NUMBER: () _____ -- _____
BUSINESS TYPE: _____ GAS _____ FOOD _____ LODGING _____ CAMPING _____ AGRICULTURAL
OTHER (SPECIFY) _____
OPERATING SCHEDULE: _____ HOURS/DAY _____ DAYS/WEEK _____ MONTHS/YEAR
IF SEASONAL, SHOW DATES: FROM _____ TO _____
LOCATED WITHIN CITY LIMITS? ____ YES ____ NO DISTANCE FROM NEAREST TOWN: _____ MILE(s)
DIRECTION FROM TOWN: NORTH SOUTH EAST WEST (CIRCLE ONE) (INCLUDE MAP OR BROCHURE W/MAP)
DISTANCE OFF OF STATE HIGHWAY: _____ MILE(s) (**GAS MAX. 3 MILES, OTHERS MAX. 15 MILES**)

BUSINESS ADDRESS AND BILLING ADDRESS (IF DIFFERENT)

NAME OF OWNER/AUTHORIZED OPERATOR: _____
PHONE NUMBER: () _____ -- _____ ADDRESS: _____
CITY _____ STATE _____ ZIP _____
CONTACT NAME: _____ PHONE: () _____ -- _____
BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

AN APPLICATION FEE OF \$100.00 IS REQUIRED HERewith TO DEFRAy ADMINISTRATIVE COSTS INCIDENT TO THE PROCESSING OF THIS APPLICATION. THE FEE IS NOT REFUNDABLE. WHEN THE PERMIT IS APPROVED AND THE REQUIRED SIGNING IS DETERMINED THE APPLICANT WILL BE BILLED AND AGREES TO THE CURRENT FEES AS LISTED IN THE RULES FOR “TOURIST ORIENTED DIRECTIONAL SIGNS (TODS) ALONG PRIMARY AND SECONDARY HIGHWAYS” FOR THE NUMBER OF SIGNS TO BE INSTALLED PRIOR TO THE MANUFACTURE AND INSTALLATION OF THE REQUIRED SIGNS.

(OVER)

Route No. _____

Direction
of Traffic _____

Milepost of Sign
Location by Dept. _____

Route No. _____

Direction
of Traffic _____

Milepost of Sign
Location by Dept. _____

Show Mileage: _ mile, _ mile, 1 mile, 1 _ mile, 2 miles, etc., to the nearest mile.

MAIN TODS SIGN (72")

- ☐ 12" ONE LINE TEXT
- ☐ 24" TWO LINE TEXT
- ☐ 30" THREE LINE TEXT
- ☐ HINGED

ADVANCE TODS SIGN (60")

- ☐ 12" ONE LINE TEXT
- ☐ 24" TWO LINE TEXT
- ☐ 30" THREE LINE TEXT
- ☐ HINGED

SIGN COSTS

SIGN(s) _____ @ \$ _____ = \$ _____
SYMBOL(s) _____ @ \$ _____ = \$ _____
TOTAL COST \$ _____

TRAILBLAZER LOCATION

NO. REQ'd _____

NO. REQ'd _____

ROAD/STREET _____

Service symbols are optional. If desired, list up to four (4) symbols.

- | | | | | |
|-------------------------------|-------------------------------------|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> GAS | <input type="checkbox"/> LODGING | <input type="checkbox"/> TENT/CAMPING | <input type="checkbox"/> BOATING | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> FOOD | <input type="checkbox"/> RV/CAMPING | <input type="checkbox"/> FISHING | <input type="checkbox"/> OTHER (specify) _____ | |

STATEMENTS:

I, the undersigned, hereby agree that upon approval of this application and prior to sign fabrication and installation that I will pay to the Idaho Transportation Department the sum of \$ _____ for signs. I also agree to conform to all applicable laws concerning the provision of public accommodations without regard to race, religion, color, age, sex, national origin, lifestyle, handicap access or membership and laws concerning the licensing and approval of service facilities.

SIGNED: _____
Owner/Authorized Operator Title Date

DISTRICT RECOMMENDATION

HEADQUARTERS

- | | | | |
|----------------------------------|-------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> APPROVE | <input type="checkbox"/> DENY | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DENY |
|----------------------------------|-------------------------------|----------------------------------|-------------------------------|

BY: _____

BY: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

DISTRIBUTION: Completed Original: Permittee
Copies: HQ Traffic, District, Financial Services

ITD-2700A 03/99 DISTRICT ENGINEER'S REPORT AND RECOMMENDATION RELATING TO PERMIT FOR TOURIST ORIENTED DIRECTIONAL SIGNS (TODS)



APPLICATION NO.: _____ -- _____ -- _____ ROUTE NO.: _____ MILEPOST OF ACCESS ROAD: _____

1. ARE EXISTING ADVERTISING SIGNS FOR THE FACILITY VISIBLE FROM THE STATE HIGHWAY RIGHT OF WAY?

☐ YES ☐ NO IF **YES**, FACILITY IS **NOT** QUALIFIED FOR (TODS) SIGNING.

2. IS FACILITY OR ON PREMISE SIGNING VISIBLE FROM THE STATE HIGHWAY RIGHT OF WAY?

☐ YES ☐ NO VISIBLE BOTH DIRECTIONS? ☐ YES ☐ NO IF **YES TO BOTH**, FACILITY/ATTRACTION IS **NOT** QUALIFIED FOR (TODS) SIGNING.

3. IS FACILITY LOCATED INSIDE THE CITY LIMITS?

☐ YES ☐ NO IF **YES**, THE FACILITY IS **NOT** QUALIFIED FOR (TODS) SIGNING.

4. IS THE MAJOR SOURCE OF THE FACILITY/ATTRACTION'S REVENUE OR VISITORS FROM AT LEAST 25 MILES AWAY?

☐ YES ☐ NO IF **NO**, THE FACILITY/ATTRACTION IS **NOT** QUALIFIED FOR (TODS) SIGNING.

5. DOES FACILITY/ATTRACTION CONFORM TO REQUIREMENTS OF THE AMERICAN DISABILITIES ACT IN REGARD TO HANDICAP ACCESS?

☐ YES ☐ NO IF **NO**, THE FACILITY/ATTRACTION IS **NOT** QUALIFIED FOR (TODS) SIGNING.

6. DOES THE FACILITY/ATTRACTION MEET ALL REQUIREMENTS AS STATED IN THE (TODS) POLICY FOR THE FOLLOWING:

- DISTANCE FROM NEAREST STATE HIGHWAY (GAS-3 miles max., OTHERS-15 miles max.) ☐ YES ☐ NO
- HOURS/DAYS/MONTHS OF OPERATION ☐ YES ☐ NO
- NUMBER OF UNITS, SPACES, OR SEATING CAPACITY ☐ N/A ☐ YES ☐ NO
- NUMBER OF MEALS ☐ N/A ☐ YES ☐ NO
- PUBLIC TELEPHONE ☐ YES ☐ NO
- PUBLIC RESTROOMS ☐ YES ☐ NO
- DRINKING WATER ☐ YES ☐ NO
- REQUIRED VEHICLE SERVICES ☐ N/A ☐ YES ☐ NO
- FULL-TIME ATTENDANT ☐ YES ☐ NO

7. FACILITY/ATTRACTION HAS DEPT. OF HEALTH AND WELFARE APPROVAL? ☐ N/A ☐ YES ☐ NO

8. FACILITY/ATTRACTION HAS WRITTEN APPROVAL FOR INSTALLATION AND MAINTENANCE OF TRAILBLAZERS OFF STATE HIGHWAY SYSTEM. ☐ N/A ☐ YES ☐ NO

9. BROCHURE W/MAP OR DRAWING SHOWING FACILITY LOCATION INCLUDED. ☐ YES ☐ NO

10. FACILITY OWNER HAS BEEN ADVISED THAT SIGNS MAY BE DISPLAYED ON SAME SIGN POST WITH OTHER (TODS) SIGNS WHEN INSTALLED, OR IN THE FUTURE AS SIGNING BECOMES MORE CONGESTED. ☐ YES ☐ NO

(OVER)

11. FACILITY OWNER HAS BEEN ADVISED THAT THE DEPARTMENT WILL DETERMINE FINAL SIGN LOCATION. (Decision will be based upon geographic location, sign congestion, the number of existing TODS signs and a complete field review.) ☐ YES ☐ NO

12. FACILITY OWNER HAS BEEN ADVISED THAT THE DEPARTMENT WILL NEED ADVANCE NOTIFICATION TO HINGE/UNHINGE OR REMOVE/REINSTALL SEASONAL SIGNS. ☐ N/A ☐ YES ☐ NO

13. FACILITY OWNER HAS BEEN ADVISED THAT A NEW APPLICATION WILL BE REQUIRED FOR CHANGES IN FACILITY NAME, OWNERSHIP OR SERVICE SYMBOLS. ☐ YES ☐ NO

14. IS ON-SITE GUIDE SIGNING ADEQUATE? ☐ YES ☐ NO
IF NO, EXPLAIN IN DETAIL: _____

15. ARE OTHER TODS SIGNS PRESENT AT THE SAME LOCATION? ☐ YES ☐ NO

PERMIT NO. _____ NAME _____

PERMIT NO. _____ NAME _____

16. MARK THE APPROPRIATE CONDITIONS THAT APPLY TO THE ACCESS ROAD:

ACCESS ROAD IS PAVED ☐ YES ☐ NO

ACCESS ROAD IS GRAVEL ☐ YES ☐ NO

ACCESS ROAD IS IN GOOD CONDITION ☐ YES ☐ NO

ACCESS ROAD IS IN POOR CONDITION (If yes, explain below.) ☐ YES ☐ NO

17. ADDITIONAL COMMENTS:

INSPECTED BY: _____
TITLE

DATE

APPROVED: _____
AUTHORIZED DISTRICT REPRESENTATIVE

DATE